FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

	or All Authorized Committee	Office Use Only			
	EC MAILING LABEL Example:If typing, type over the lines				
Campbell for Congress					
ADDRESS (number and street) 459	0 MacArthur Blvd _r , Suite 500				
Check if different than previously reported. (ACC)	ne	CA 92660			
2. FEC IDENTIFICATION NUMBER	▼ CITY ▲	STATE A ZIP CODE A			
C00412312	3. IS THIS X NEW (N) OR	AMENDED (A) CA 48 1			
4. TYPE OF REPORT (Choose Control of the Control of	(b) 12-Day PRE-Election Report for the X Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)			
July 15 Quarterly Report (C	0.6 0.6	2 0 0 6 in the State of			
January 31 Year-End Repo	ort (YE) (c) 30-Day POST -Election Report for the General (30G)	Runoff (30R) Special (30S)			
Termination Report (TER)	Election on	in the State of			
5. Covering Period 0 4	0 1 2 0 0 6 through 0	5 17 2006			
I certify that I have examined this Report a Type or Print Name of Treasurer	nd to the best of my knowledge and belief it is true, con Kelly Lawler	rrect and complete.			
Signature of Treasurer Electronically F	iled by Kelly Lawler	Date 05 25 2006			
NOTE : Submission of false, erroneous, of	or incomplete information may subject the person signir	ng this Report to the penalties of 2 U.S.C 437g.			
Office Use		FEC FORM 3 (Revised 02/2003)			

Image# 26950135501

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003) Page 2 Write or Type Committee Name Campbell for Congress D 1 7 0.5 2006 From: 0 4 0.1 2006 Report Covering the Period: To: **COLUMN B COLUMN A This Period Election Cycle-to-Date** Net Contributions (other than loans) (a) Total Contributions 28541.93 139105.97 (other than loans) (from Line 11(e))...... (b) Total Contribution Refunds 0.00 1200.00 (from Line 20(d))..... (c) Net Contributions (other than loans) 28541.93 137905.97 (subtract Line 6(b) from Line 6(a))....... 7. Net Operating Expenditures (a) Total Operating Expenditures 3149.76 186155.41 (from Line 17)..... (b) Total Offsets to Operating 0.00 1905.26 Expenditures (from Line 14)..... (c) Net Operating Expenditures 184250.15 3149.76 (subtract Line 7(b) from Line 7(a))....... Cash on Hand at Close of 58332.35 Reporting Period (from Line 27)..... 9. Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 403595.76 Schedule C and/or Schedule D)..... For further information contact: Federal Election Commission 999 E Street, NW

Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Receipts

Page 3

Write or Type Committee Name Campbell for Congress 1 7 0 4 2006 05 2006 0 1 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. RECEIPTS **Total This Period Election Cycle-to-Date** 11. CONTRIBUTIONS (other than loans) FROM: Individuals/Persons Other Than Political Committees 1843.93 51280.62 (i) Itemized (use Schedule A)..... 100.00 3950.00 (ii) Unitemized..... (iii) TOTAL of contributions 1943.93 55230.62 from individuals..... 98.00 588.00 (b) Political Party Committees..... (c) Other Political Committees 26500.00 83287.35 (such as PACS)..... 0.00 0.00 (d) The Candidate..... (e) TOTAL CONTRIBUTIONS (other than loans) 28541.93 139105.97 (add Lines 11(a)(iii), (b), (c), and (d)) 12. TRANSFERS FROM OTHER 0.00 0.00 AUTHORIZED COMMITTEES..... 13. LOANS (a) Made or Guaranteed by the 0.00 0.00 Candidate..... 0.00 0.00 (b) All Other Loans..... (c) TOTAL LOANS 0.00 0.00 (add Lines 13(a) and (b))..... 14. OFFSETS TO OPERATING **EXPENDITURES** 0.00 1905.26 (Refunds, Rebates, etc.).... 15. OTHER RECEIPTS 0.00 0.00 (Dividends, Interest, etc.)..... 16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)...... 28541.93 141011.23

FEC Form 3 (Revised 02/2003)

DETAILED SUMMARY PAGE

of Disbursements

Page 4

II. DISBURSEMENTS	EMENTS COLUMN A Total This Period			
17. OPERATING EXPENDITURES	3149.76	186155.41		
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00		
19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate	0.00	0.00		
(b) Of all Other Loans	0.00	0.00		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	0.00	0.00		
20. REFUNDS OF CONTRIBUTIONS TO:				
(a) Individuals/Persons Other Than Political Committees	0.00	1200.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees (such as PACs)	0.00	0.00		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	1200.00		
21. OTHER DISBURSEMENTS	0.00	12625.00		
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21)	3149.76	199980.41		
III. CASH SUM	IMARY			
23. CASH ON HAND AT BEGINNING OF REPORTI	ING PERIOD	32940.18		
24. TOTAL RECEIPTS THIS PERIOD (from Line 16,	, page3)	28541.93		
25. SUBTOTAL (add Line 23 and Line 24)		61482.11		
26. TOTAL DISBURSEMENTS THIS PERIOD (from	Line 22)	3149.76		
27. CASH ON HAND AT CLOSE OF REPORTING F	PERIOD	58332.35		

SCHEDULE A (FEC FO ITEMIZED RECEIPTS	orm 3)	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 5 / 28 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15
Any information copied from such I or for commercial purposes, other	Reports and Statements ma han using the name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Fu)		
Full Name (Last, First, Middle In AFLAC Inc. PAC Mailing Address 1932 Wynn City Columbus FEC ID number of contributing federal political committee. Name of Employer Qualified Multi-Candidate	State GA	Zip Code 31999-0000 0034157	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Com. Receipt For: 2006 X Primary General Other (specify) ▼		Cycle-to-Date ▼ 1000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	uston, Room 7-A-50		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City San Antonio	State TX	Zip Code 78205-0000	Transaction ID: 60523.C6224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.		0185124	5000.00 Receipt
Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 X Primary General Other (specify) ▼		Cycle-to-Date ▼ 5000.00	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Full Name (Last, First, Middle Ir Independent Insurance Agents PA Mailing Address 412 First S	,		Date of Receipt 0 4 0 1 2 0 0 6
City	State	Zip Code	Transaction ID: 60523.C6227
Washington	DC	20003-0000	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C C0	2000.00 Receipt	
Name of Employer Qualified Multi-Candidate	Occupatio	n	Limit Increased Due to Opponent's
Com. Receipt For: 2006 X Primary General Other (specify) ▼		Cycle-to-Date ▼ 2000.00	Spending (2 U.S.C. 441a(i)/441a-1)
SUBTOTAL of Receipts This Pag	je (optional)		8000.00
TOTAL This Period (last page this	s line number only)		

SCHEDULE A (FEC Form 3)		FOR LINE NUMBER: PAGE 6 / 28			
	EMIZED RECEIPTS	,	Use separate schedule(s) or each category of the	(check only one)			
11	EMIZED RECEIPTS		Detailed Summary Page	11a 11b X 11c 11d			
				12 13a 13b 14 15			
Ar or	y information copied from such Reports ar for commercial purposes, other than using	nd Statements may the name and add	not be sold or used by any pers dress of any political committee t	on for the purpose of soliciting contributions o solicit contributions from such committee.			
\setminus	NAME OF COMMITTEE (In Full)						
	Campbell for Congress						
A.	Full Name (Last, First, Middle Initial) Natl Assn of Insurance & Financial Adv.			Date of Receipt			
	Mailing Address 2901 Telestar Cour	t		05 05 2006			
	City	State	Zip Code	Transaction ID: 60523.C6220			
	Falls Church	VA	22042-0000	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C C00	0005249	2500.00			
	Name of Employer Qualified Multi-Candidate	Occupation	1	Receipt Limit Increased Due to Opponent's			
	Com. Receipt For: 2006	Election C	sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	Primary General		· · · · · · · · · · · · · · · · · · ·				
	X Other (specify) ▼ Special General 2005		2500.00	_			
В.	Full Name (Last, First, Middle Initial) Natl Assn of Insurance & Financial Adv.			Date of Receipt			
	Mailing Address 2901 Telestar Cour	05 / 05 / 2006					
	City	State	Zip Code	Transaction ID: 60523.C6221			
	Falls Church	VA	22042-0000	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C C00	0005249	2500.00			
	Name of Employer Qualified Multi-Candidate Com.	Occupation	1	Receipt Limit Increased Due to Opponent's			
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)			
	Primary General		5000.00				
	X Other (specify) ▼ Special Run Off 2005	0 0	3000.00				
C.	Full Name (Last, First, Middle Initial) Natl Federation of Independent Business			Date of Receipt			
	Mailing Address 1201 F Street, NW,			05 / 05 / 2006			
	City	State	Zip Code	Transaction ID: 60523.C6222			
	Washington	DC	20004-0000	Amount of Each Receipt this Period			
	FEC ID number of contributing federal political committee.	C C00	0101105	1000.00			
	Name of Employer Qualified Multi-Candidate	Occupation	า	Receipt			
	Com.			Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)			
	Receipt For: 2006	Election C	ycle-to-Date ▼	Spending (2 0.0.0. 4414(1)/4414 1)			
	Primary		1000.00				
	Special General		0 0 0 0 0 0 0	_			
s	UBTOTAL of Receipts This Page (optiona	d)		6000.00			
\vdash		- /					
T	OTAL This Period (last page this line num						

IT	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7/28 (check only one) 11a 11b X 11c 11d 12 13a 13b 14 15		
An or	y information copied from such Reports and for commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) Campbell for Congress					
Α.	Full Name (Last, First, Middle Initial) Natl Venture Capital Assn PAC Mailing Address 1855 N. Fort Myer Dr City Arlington FEC ID number of contributing federal political committee. Name of Employer Qualified Multi-Candidate Com.	State VA	Zip Code 22209-0000 0150367	Date of Receipt M M M		
	Receipt For: 2006 X Primary General Other (specify)	Election C	Cycle-to-Date ▼ 1500.00	Spending (2 U.S.C. 441a(i)/441a-1)		
3.	Full Name (Last, First, Middle Initial) National Multi Housing Council PAC Mailing Address 1850 M Street, NW S	Suite 540		Date of Receipt M		
	City	State	Zip Code	Transaction ID: 60525.C6242		
	Washington FEC ID number of contributing federal political committee.	C COO	20036-5816 0130773	Amount of Each Receipt this Period 5000.00		
	Name of Employer Qualified Multi-Candidate Com. Receipt For: 2006 X Primary General Other (specify)	Occupation C	cycle-to-Date ▼ 5000.00	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
C .	Full Name (Last, First, Middle Initial) National Restaurant Assn PAC Mailing Address 1200 Seventeenth St	reet, NW		Date of Receipt 0 5 1 7 2 0 0 6		
	City	State	Zip Code	0 5 1 7 2 0 0 6 Transaction ID: 60525.C6243		
	Washington	DC	20036-3097	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C C00	0003764	4000.00		
	Name of Employer Qualified Multi-Candidate Com.	Occupation	n	Receipt Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)		
	Receipt For: 2006 X Primary General Other (specify)	Election C	Cycle-to-Date ▼ 10000.00	Spending (2 0.3.0. 4418(1)/4418-1)		
S	UBTOTAL of Receipts This Page (optional)			10500.00		
T	OTAL This Period (last page this line number	er only)				

PAGE 8 / 28 FOR LINE NUMBER: SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c **Detailed Summary Page** 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Campbell for Congress Full Name (Last, First, Middle Initial) R.J. Reynolds Date of Receipt Mailing Address P.O. Box 718 05 17 2006 City State Zip Code Transaction ID: 60523.C6230 Winston Salem NC 27102-0000 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C C00042002 federal political committee. Receipt Name of Employer Qualified Multi-Candidate Occupation Limit Increased Due to Opponent's Com. Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Wellpoint, Inc. PAC - WELL PAC Date of Receipt Mailing Address 120 Monument Circle 17 0 5 2006 City Zip Code State Transaction ID: 60525.C6237 Indianapolis IN 46204-0000 Amount of Each Receipt this Period FEC ID number of contributing 1000.00 C C00197228 federal political committee. Receipt Name of Employer Qualified Multi-Candidate Occupation Limit Increased Due to Opponent's Com. Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date X Primary General 1000.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	2000.00
TOTAL This Period (last page this line number only)	<u> </u>	26500.00

	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 9 / 28 (check only one) X 11a 11b 11c 11d
			Detailed Summary Page	12 13a 13b 14 15
An or	y information copied from such Reports and S for commercial purposes, other than using the	statements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)		· ·	
/	Campbell for Congress			
۹.	Full Name (Last, First, Middle Initial) Allen Boerner			Date of Receipt
	Mailing Address 2 Park Plaza, Suite 80	0 5 1 7 2 0 0 6		
	City	State	Zip Code	Transaction ID: 60525.C6240
	Irvine	CA	92614-0000	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Granite Investment Group	Occupatio	n	Receipt
	·	CEO		Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 Primary General	Election C	Cycle-to-Date ▼	Spanialing (2 0.0.0
	X Other (specify) ▼ Special General 2005		1000.00	
3.	Full Name (Last, First, Middle Initial) Rodney F. Emery			Date of Receipt
	Mailing Address 8 Beacon Bay	05 04 2006		
	City	State	Zip Code	Transaction ID: 60523.C6228
	Newport Beach	CA	92660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		89.98
	Name of Employer Steadfast Companies	Occupatio	n	In-Kind
	·	CEO	Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
	Receipt For: 2006 X Primary General	Election		NOTE:Fundraiser Invitatio-
	Other (specify) ▼		89.98	ns ns
	Full Name (Last, First, Middle Initial) Rodney F. Emery	•		Date of Receipt
	Mailing Address 8 Beacon Bay			05 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 60525.C6238
	Newport Beach	CA	92660	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		253.95
	Name of Employer Steadfast Companies	Occupatio CEO	n	In-Kind Limit Increased Due to Opponent's
	Receipt For: 2006		Cycle-to-Date ▼	Spending (2 U.S.C. 441aˈ(i)/441a-1)
	X Primary General Other (specify) ▼		343.93	NOTE: Fundraiser Supplies
s	UBTOTAL of Receipts This Page (optional)			1343.93
т.	OTAL This Period (last page this line number	only)	•	
• '		~ <i>J</i> /	······································	

FOR LINE NUMBER: PAGE 10/28 SCHEDULE A (FEC Form 3) Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a 11b 11c 11d **Detailed Summary Page** 12 13a 13b 14 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Campbell for Congress Full Name (Last, First, Middle Initial) Date of Receipt Andrew Potter Mailing Address 6 Venture, Suite 28D 05 17 2006 City State Zip Code Transaction ID: 60525.C6239 Irvine CA 92618-0000 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Receipt Name of Employer Self-Employed Occupation Limit Increased Due to Opponent's Attorney Spending (2 U.S.C. 441a(i)/441a-1) Receipt For: 2006 Election Cycle-to-Date Primary General 500.00 Other (specify) Special Run Off

SUBTOTAL of Receipts This Page (optional)	•	500.00
TOTAL This Period (last page this line number only)	•	1843.93

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 11/28 Use separate schedule(s) (check only one) or each category of the **ITEMIZED RECEIPTS** 11a Х 11b 11c Detailed Summary Page 12 13a 13b 15 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Campbell for Congress Full Name (Last, First, Middle Initial) A. Natl Republican Congressional Committee Date of Receipt Mailing Address 320 First Street, SE 21 0 4 2006 City State Zip Code Transaction ID: 60523.C6229 Washington DC 20003-0000 Amount of Each Receipt this Period FEC ID number of contributing 98.00 C C00075820 federal political committee. In-Kind Name of Employer Qualified Multi-Candidate Occupation Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1) Com. Receipt For: 2006 Election Cycle-to-Date X Primary General NOTE: Blast Fax 588.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	98.00
TOTAL This Period (last page this line number only)	•	98.00

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S	CHEDULE B (FEC F	orm 3)	Use seper	rate schedule(s)	FOR LINE		PAGE	12 / 28
IT	EMIZED DISBURSE	EMENTS	for each c	ategory of the ((check only	- ·	40-	401-
			Detailed S	ummary Page				19b 21
	y Information copied from such for commercial purposes, other							
Λ	NAME OF COMMITTEE (In F	=ull)						
17	Campbell for Congress							
<u></u>	Full Name (Last, First, Middle	Initial						
A.	Aristotle Publishing	miliai)				Transaction ID: 605 Date of Disbursemen	t	
	Mailing Address 205 Per	nnsylvania Ave. S	E			$\begin{bmatrix} 0 & 4 & 0 & 0 \\ 0 & 4 & 0 & 0 \end{bmatrix}$	Ź	O O O O
	City Washington		State DC	Zip Code 20003-0000		Amount of Each Disb	ursement t	
	Purpose of Disbursement CREDIT CARD FEES					Refund or Dispos	al of Evens	71.00
	Candidate Name				Category/ Type	Contributions Rec 11 C.F.R. 400.53		
	Office Sought: House Senate		ment For: Primary Other (spec	General		CREDIT CARD FE	ES	
	State: District:	ent	Other (spec	(aliy) ▼				
	Full Name (Last, First, Middle	I Initial)				Transaction ID: 604	12 52760	
B.	- Aristotle Publishing					Date of Disbursemen	t	_
	Mailing Address 205 Per		04 / 11	^y ^y 20	o ŏ 6 Š			
	City		State DC	Zip Code		Amount of Each Disb	ursement t	this Period
	Washington Purpose of Disbursement		DC	20003-0000				15.25
	CREDIT CARD FEES					Refund or Dispos	al of Exces	
	Candidate Name				Category/ Type	Contributions Rec 11 C.F.R. 400.53		
	Office Sought: House Senate		ment For: Primary	General		CREDIT CARD FE	ES	
	Preside		Other (spec					
	State: District:							
C.	Full Name (Last, First, Middle Robert Ball	Initial)				Transaction ID: 605 Date of Disbursemen		8
	Mailing Address 225 Bro		04	ž	0 0 6			
	City San Diego		State CA	Zip Code 92101-0000		Amount of Each Disb	ursement t	this Period
	Purpose of Disbursement ATTORNEY EXPENSES		• •	Refund or Dispos	ol of Cyces	43.23		
	Candidate Name				Category/ Type	Contributions Rec 11 C.F.R. 400.53	uired Und	er
	Office Sought: House Senate		ment For: Primary	General		ATTORNEY EXPE	NSES	
	Preside		Other (spec					
	State: District:		(-1	<i>→</i> / ▼				
٩	IIRTOTAL of Disbursements T	This Page (ontional)					1	29.48

TOTAL This Period (last page this line number only)

nag	e# 26950135512					
	CHEDULE B (FEC Form 3	·	Use sepe	rate schedule(s)		NUMBER: PAGE 13 / 28
IT	EMIZED DISBURSEMENT	rs	for each category of the Detailed Summary Page		(check only	X 17
	y Information copied from such Reports a for commercial purposes, other than usin					for the purpose of solicating contributions plicit contributions from such committee
	NAME OF COMMITTEE (In Full)	9		, ,		
	Campbell for Congress					
	Full Name (Last, First, Middle Initial)	Transaction ID: 60523.E3773				
Α.	Capitol Hill Club					Date of Disbursement
	Mailing Address 300 1st Street, S	SE				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 2 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & O & O \end{smallmatrix} \end{bmatrix} $
	City Washington		State DC	Zip Code 20003-0000		Amount of Each Disbursement this Period
	Purpose of Disbursement CA DELEGATION LUNCHEON				•	200.00
	Candidate Name				Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President		nent For: Primary Other (spe	General cify) ▼	,	CA DELEGATION LUNCHEON
	State: District:					
В.	Full Name (Last, First, Middle Initial) Cingular Wireless Mailing Address PO Box 60017					Transaction ID: 60523.E3776 Date of Disbursement M M M / D 2 6 Y 2 0 0 6 Y
	City Los Angeles		State CA	Zip Code 90060-0000		Amount of Each Disbursement this Period
	Purpose of Disbursement CELLULAR PHONE					122.15 Refund or Disposal of Excess
	Candidate Name				Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Senate President State: District:		nent For: Primary Other (spe	General cify) ▼		CELLULAR PHONE
	Full Name (Last, First, Middle Initial)					Transaction ID: 60523.C6228IK
C.						Date of Disbursement
	Mailing Address 8 Beacon Bay					05 0 4 2 0 6 6
	City Newport Beach		State CA	Zip Code 92660-		Amount of Each Disbursement this Period
	Purpose of Disbursement NOTE:FUNDRAISER INVITATIONS Candidate Name				Category/	Refund or Disposal of Excess Contributions Required Under
	Salada Hallo				Type	11 C.F.R. 400.53
	Office Sought: House Senate President		nent For: Primary Other (spe	General General		IN KIND: NOTE:FUNDRAISER INVITATIONS

412.13

 \blacktriangleright

District:

SUBTOTAL of Disbursements This Page (optional)

State:

_						
	CHEDULE B (FEC Form 3)		erate schedule(s)	FOR LINE (check only	NUMBER: PAGE 14 / 28	
IT	EMIZED DISBURSEMENTS		for each category of the Detailed Summary Page		X 17 18 19a 19b 20a 20b 20c 21	
	y Information copied from such Reports and Stat for commercial purposes, other than using the na					
\vdash	NAME OF COMMITTEE (In Full)			_		
\angle	Campbell for Congress					
Α.	Full Name (Last, First, Middle Initial) Rodney F. Emery	Transaction ID: 60525.C6238IK Date of Disbursement				
	Mailing Address 8 Beacon Bay				$\begin{bmatrix} \begin{smallmatrix} M & S & M \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ O & S \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & O & O \\ O & O & O \end{smallmatrix} \end{bmatrix}$	
	City Newport Beach	State CA	Zip Code 92660-		Amount of Each Disbursement this Period	_
	Purpose of Disbursement NOTE: FUNDRAISER SUPPLIES				253.95	
	Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Senate President	rsement For: Primary Other (spe	General ecify) ▼		IN KIND: NOTE: FUNDRAISER SUPPLIES	
	State: District:					
В.	Full Name (Last, First, Middle Initial) Natl Republican Congressional Committ	ee			Transaction ID: 60523.C6229IK Date of Disbursement	
	Mailing Address 320 First Street, SE		$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 1 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} Y$			
	City Washington	State DC	Zip Code 20003-0000		Amount of Each Disbursement this Period	_
	Purpose of Disbursement NOTE: BLAST FAX			98.0 Refund or Disposal of Excess		
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53	
	Office Sought: House Disbu	rsement For: Primary Other (spe	General		IN KIND: NOTE: BLAST FAX	
	State: District:	Curior (ope	√0.11 y) \			
C.	Full Name (Last, First, Middle Initial) Premier Business Centers				Transaction ID: 60523.E3777 Date of Disbursement	
	Mailing Address 4199 Campus Drive, #			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ ^{\prime} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & G \end{smallmatrix} \end{bmatrix} \ ^{\prime} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & O & G \\ Y & Z & O & O & G \end{bmatrix}$		
	City Irvine	State CA	Zip Code 92612-0000		Amount of Each Disbursement this Period	_
	Purpose of Disbursement				200.00	
	CAMPAIGN SUPPORT SERVICES Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53	
	Senate	rsement For: Primary	General		CAMPAIGN SUPPORT SERVICES	
	State: President District:	Other (spe	ecny) 🔻			
s	UBTOTAL of Disbursements This Page (options	al)		>	551.95	

TOTAL This Period (last page this line number only)

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	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	for each	erate schedule(s) category of the Summary Page	(check onl	NUMBER: PAGE 15 / 28 y one) X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Statem for commercial purposes, other than using the name				for the purpose of solicating contributions
	NAME OF COMMITTEE (In Full) Campbell for Congress		,,		
Α.	Full Name (Last, First, Middle Initial) Storage West Mailing Address 2892 Kelvin Avenue				Transaction ID: 60523.E3774 Date of Disbursement O 4 M / D 2 6 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Irvine	State CA	Zip Code 92614-5826		Amount of Each Disbursement this Period
	Purpose of Disbursement STORAGE Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary Other (spe	General cify) ▼		STORAGE
	State: District:				
В.	Full Name (Last, First, Middle Initial) Storage West				Transaction ID: 60523.E3775 Date of Disbursement
	Mailing Address 2892 Kelvin Avenue				$\begin{bmatrix}\begin{smallmatrix}M&M&M\\0&4&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&D&D\\2&6\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&6&Y\end{smallmatrix}\end{bmatrix}$
	,	State CA	Zip Code 92614-5826		Amount of Each Disbursement this Period
	Purpose of Disbursement STORAGE				159.95 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Senate President	ment For: Primary Other (spe	General cify) ▼		STORAGE
	State: District:				
C.	Full Name (Last, First, Middle Initial) Mr. Jim Terry				Transaction ID: 60412.E3767 Date of Disbursement
	Mailing Address 116 6th Street NE, #204				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 2 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & O & O & 6 \end{smallmatrix} \end{bmatrix}$
		State DC	Zip Code 20002-		Amount of Each Disbursement this Period
	Purpose of Disbursement				1513.42
	REIMBURSE EXPENSES: SEE BELOW Candidate Name			Category/ Type	Refund or Disposal of Excess Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disburse Senate President	ment For: Primary Other (spe	General cify) ▼	71	REIMBURSE EXPENSES: SEE BELOW
_	State: District:		· 		
s	UBTOTAL of Disbursements This Page (optional) .)	1789.32

TOTAL This Period (last page this line number only)

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S					NUMBER: PAGE 16 / 28
IT	MIZED DISBURSEMENTS for each category of the conference of		(check only		
		Detailed :	Summary Page		X 17 18 19a 19b 20a 20b 20c 21
	y Information copied from such Reports and Stat for commercial purposes, other than using the na				for the purpose of solicating contributions
\vdash	NAME OF COMMITTEE (In Full)				
\rangle	Campbell for Congress				
_	Full Name (Last, First, Middle Initial)				Transaction ID: 60523.E3788
A.	Cingular Wireless				Date of Disbursement
	Mailing Address PO Box 60017				$\begin{bmatrix}\begin{smallmatrix}M&4&M\\0&4&M\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}D&1&2\\1&2\end{smallmatrix}\end{bmatrix}/\begin{bmatrix}\begin{smallmatrix}Y&Y&Y&Y&Y\\2&0&0&6\end{smallmatrix}\end{bmatrix}$
	City	State	Zip Code		Amount of Each Disbursement this Period
	Los Angeles	CA	90060-0000		1017.00
	Purpose of Disbursement CELLULAR PHONE				1047.23 Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	rsement For:			[MEMO ITEM] MEMO: CELLULAR PHONE
	Senate	Primary	General		WEWO. GELLULAR PHONE
	President	Other (spe	ecify)		
	State: District:				
В.	Full Name (Last, First, Middle Initial)				Transaction ID: 60523.E3789
ъ.	Orbitz				Date of Disbursement
	Mailing Address 200 S. Wacker Drive,	#1900			$\begin{bmatrix} \begin{smallmatrix} M & A & M \\ O & A & M \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & D \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ Z & O & O & G \end{smallmatrix} \end{bmatrix}$
	City Chicago	State IL	Zip Code 60606-0000		Amount of Each Disbursement this Period
	Purpose of Disbursement AIR TRAVEL			-	466.19 Refund or Disposal of Excess
	Candidate Name		-	Category/ Type	Contributions Required Under 11 C.F.R. 400.53
	Office Sought: House Disbu	rsement For:	!		[MEMO ITEM]
	Senate	Primary	General		MEMO: AIR TRAVEL
	President	Other (spe	ecify) 🔻		
	State: District:				
C.	Full Name (Last, First, Middle Initial) Wells Fargo Bank				Transaction ID: 60523.E3780 Date of Disbursement
	Mailing Address 4590 MacArthur Blvd.				$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 1 & 1 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$
	City	State	Zip Code		Amount of Each Disbursement this Period
	Newport Beach	CA	92660-		
	Purpose of Disbursement		Г		133.44
	CHECK PRINTING				Refund or Disposal of Excess
	Candidate Name			Category/ Type	Contributions Required Under 11 C.F.R. 400.53
		rsement For:			CHECK PRINTING
	Senate	Primary	General		5. <u></u> 5
	State: President District:	Other (spe	ecity) 🔻		
	oldo. District.				
s	UBTOTAL of Disbursements This Page (optional	al)(lɛ		•	133.44

TOTAL This Period (last page this line number only)

Image# 26950135516

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

NAME OF COMMITTEE (In Full) Campbell for Congress

Full Name (Last, First, Middle Initial)

4590 MacArthur Blvd.

House

Senate

District:

President

Disbursement For:

Primary

Other (specify)

Wells Fargo Bank

Mailing Address

Newport Beach

Candidate Name

Office Sought:

State:

Purpose of Disbursement CHECK PRINTING

City

FOR LINE NUMBER: PAGE 17 / 28 Use seperate schedule(s) (check only one) for each category of the Detailed Summary Page 17 18 19b 20a 20b 20c 21 Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of solicating contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee Transaction ID: 60523.E3781 Date of Disbursement o[™]4 2006 State Zip Code Amount of Each Disbursement this Period CA 92660-133.44

Category/

Type

General

Refund or Disposal of Excess

Contributions Required Under

11 C.F.R. 400.53

CHECK PRINTING

SUBTOTAL of Disbursements This Page (optional)	<u> </u>	133.44
TOTAL This Period (last page this line number only)	•	3149.76

SCHEDULE C (FEC Form 3)

Use separate schedule(s)

PAGE 18 / 28

LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one) 13a 13b
NAME OF COMMITTEE (In Full)	
Campbell for Congress	Transaction ID: 1 950620 02727
LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. John B.T. Campbell, III	Transaction ID: LS50630.C3737 Election: Primary
Mailing Address Personal Funds 57 Blue Heron	General X Other (specify) ▼ Special General 2005
	Code 92603-
Original Amount of Loan Cumulative Paymer 200000.00	t To Date Balance Outstanding at Close of This Period 0.00 200000.00
TERMS Date Incurred Date Due	Interest Rate Secured:
M M M D D D D 2 0 0 5 Y Y Y Y Y Z 20060620	.0000 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SUBTOTALS This Period This Page (optional)	200000.00
TOTALS This Period (last page in this line only)	

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)

PAGE 19/28

LOANS	for each category of the Detailed Summary Page FOR LINE NUMBER: (check only one)	13a 13b
NAME OF COMMITTEE (In Full) Campbell for Congress	Transaction ID: LS50823.C3898	
LOAN SOURCE Full Name (Last, First, Middle Initial) Mr. John B.T. Campbell, III	Election: Primary General	
Mailing Address Personal Funds 57 Blue Heron	X Other (specify) ▼ Special General 2005	
City Irvine State CA ZIP Cod	de 92603-	
Original Amount of Loan Cumulative Payment To I	Date Balance Outstanding at Close of This Pe	eriod
25000.00	0.00 25000.00	
TERMS Date Incurred Date Due	Interest Rate Secured:	
M M D D D D 2005 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		∢ No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
7100	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	_
Mailing Address	Occupation	
	Amount	
City State ZIP Code	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
City State ZIP Code	Amount Guaranteed	
City State ZIP Code	Outstanding:	
CURTOTALC This Deviced This Dame (antique)	25000.00	0
SUBTOTALS This Period This Page (optional) TOTALS This Period (last page in this line only)		
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, and the schedule D, for this line and the schedule D.		

SCHEDULE C (FEC Form 3) **LOANS**

Use separate schedule(s) for each category of the

PAGE 20 / 28 FOR LINE NUMBER:

	Detailed Summary Page	(Crieck Grilly Grie)
NAME OF COMMITTEE (In Full)	,	1 .52
Campbell for Congress		
		action ID: LS50916.C4201
LOAN SOURCE Full Name (Last, First, Middle Initial)		Election: Primary
Mr. John B.T. Campbell, III		General
Mailing Address Personal Funds		X Other (specify) ▼
57 Blue Heron		Special General 2005
City Irvine State CA ZIP Code		
Original Amount of Loan Cumulative Payment To Da	ate Balanc	e Outstanding at Close of This Period
25000.00	0.00	25000.00
TERMS		
Date Incurred Date Due	Interest R	ate Secured:
0 9 0 0 6 2 0 0 5 20061231		.0000 % (apr) Yes X No
List All Endorsers or Guarantors (if any) to Loan Source		
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City Citato En Codo	Guaranteed Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address (Occupation	
	Amount	
Only State Zii Gode	Guaranteed	
	Outstanding:	
Full Name (Last, First, Middle Initial)	Name of Employer	
Mailing Address	Occupation	
	Amount	
City Citato En Codo	Guaranteed Outstanding:	
		27222 25
SUBTOTALS This Period This Page (optional)	<u>+</u>	25000.00
TOTALS This Period (last page in this line only))	250000.00
Carry outstanding balance only to LINE 3. Schedule D. for this line. If no Schedu	ule D. carry forward to appr	opraite line of Summary.

PAGE 21 / 28 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Campbell for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Gilliard, Blanning & Associates Campaign Support Services Mailing Address 921 11th Street, #400 City State ZIP Code 95814-0000 Sacramento CA Outstanding Balance Beginning This Period Transaction ID: LS51122.E3378 10000.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 10000.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Support Services Gilliard, Blanning & Associates Mailing Address 921 11th Street, #400 ZIP Code City State Sacramento CA 95814-0000 Outstanding Balance Beginning This Period Transaction ID: LS51122.E3376 15000.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 0.00 0.00 15000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Gilliard, Blanning & Associates Design for Mail Piece Mailing Address 921 11th Street, #400 ZIP Code City State Sacramento CA 95814-0000

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1) SUBTOTALS This Period This Page (optional)							2	2822	25.0	0	
O TOTALO TI: D : 1//		-	-	-	-	U			U	-	
2) TOTALS This Period (last page this line number only)	Ŀ	-			-	-	_	_	-	_	
a) TOTAL COUTOTANDINO LOANS (com Ochod le O (lost con col)											
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	Ŀ	_	_	_	_	\Rightarrow	=	-	\rightarrow	+	#
4) ADD 2) and 2) and carry forward to appropriate line of Summary Rage (last nage only)											
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)		_	_	_	_	_	_				

Payment This Period

0.00

Transaction ID: LS60105.E3624

3225.00

Outstanding Balance at Close of This Period

Outstanding Balance Beginning This Period

Amount Incurred This Period

3225.00

0.00

PAGE 22 / 28 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Campbell for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Radio/TV Ad Production Gilliard, Blanning & Associates Mailing Address 921 11th Street, #400 City State ZIP Code 95814-0000 Sacramento CA Outstanding Balance Beginning This Period Transaction ID: LS60105.E3625 3018.10 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3018.10 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Campaign Support Services Gilliard, Blanning & Associates Mailing Address 921 11th Street, #400 ZIP Code City State Sacramento CA 95814-0000 Outstanding Balance Beginning This Period Transaction ID: LS60105.E3626 15000.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 0.00 15000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Design and Artwork for Ma-il Pieces Gilliard, Blanning & Associates Mailing Address 921 11th Street, #400 ZIP Code City State Sacramento CA 95814-0000 Outstanding Balance Beginning This Period Transaction ID: LS60105.E3627

1) SUBTOTALS This Period This Page (optional)	•			1	1	-	2	026	8.1	0	0
2) TOTALS This Period (last page this line number only)	•			1							1
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	•									_	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	•	_	_							<u>.</u>	

Payment This Period

0.00

Outstanding Balance at Close of This Period

2250.00

2250.00

0.00

Amount Incurred This Period

PAGE 23 / 28 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Campbell for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Gilliard, Blanning & Associates Campaign Expenses Mailing Address 921 11th Street, #400 City State ZIP Code 95814-0000 Sacramento CA Outstanding Balance Beginning This Period Transaction ID: LS60412.E3769 3490.97 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 3490.97 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): The Monaco Group, Inc. Stationary Mailing Address 1000 Ortega Way, Bldg C ZIP Code State City Placentia CA 92870-0000 Outstanding Balance Beginning This Period Transaction ID: LS60412.E3771 2181.56 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 2181.56 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): The Monaco Group, Inc. Print Fundraising Invites Mailing Address 1000 Ortega Way, Bldg C ZIP Code State City Placentia CA 92870-0000 Outstanding Balance Beginning This Period Transaction ID: LS60105.E3613

			-		_	749	0 60	_	$\overline{}$
1) SUBTOTALS This Period This Page (optional)						749	Ų.0t	<u> </u>	
2) TOTALS This Period (last page this line number only)	- ▶						0		
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	-			-					
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	- •								

Payment This Period

0.00

Outstanding Balance at Close of This Period

1818.13

1818.13

0.00

Amount Incurred This Period

SCHEDULE D (FEC Form 3) Ε

(Use separate

PAGE 24 / 28

		for each	(check only one) 9
xcluding Loans	g Loans no		X 10
NAME OF COMMITTEE (In Full)			,
Campbell for Congress			
A. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
The Monaco Group, Inc.		Printing M	
Will All Aggs C. W. Fill C.			
Mailing Address 1000 Ortega Way, Bldg C			
City State	ZIP Code		
Placentia CA	92870-0000		
Outstanding Balance Beginning This Period		Trai	nsaction ID: LS60105.E3617
10090.89			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		10090.89
0.00	0.00		10090.09
B. Full Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of D	ebt (Purpose):
The Monaco Group, Inc.		Printing M	ail Piece
Moiling Address 1000 Ortage Way, Bldg C			
Mailing Address 1000 Ortega Way, Bldg C			
City State	ZIP Code		
Placentia CA	92870-0000		
Outstanding Balance Beginning This Period		Trai	nsaction ID: LS60105.E3620
5012.17			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		5012.17
0.00	0.00		3012.17
C. Full Name (Last, First, Middle Initial) of Debtor	or Creditor		ebt (Purpose):
AT&T flka SBC California		Telephone)
Mailing Address Payment Center			
The state of the s			
City State Van Nuys CA	ZIP Code		
	91388-0000		
Outstanding Balance Beginning This Period		Trai	nsaction ID: LS60105.E3630
204.48			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
0.00	0.00		204.48
		_	15307.54
1) SUBTOTALS This Period This Page (optional)			10007.04
2) TOTALS This Period (last page this line number of	only)	>	
3) TOTALS OUTSTANDING LOANS from Schedu	ile C (last page only)	_ >	
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only)	>	
the state of the s			

PAGE 25 / 28 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Campbell for Congress Nature of Debt (Purpose): A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Political Data Inc. Voided Invoice Mailing Address P.O. Box 1706 City State ZIP Code 91507-Burbank CA Outstanding Balance Beginning This Period Transaction ID: LS60525.E3799 1236.97 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period -1236.97 0.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Ms. Sara Myers Campaign Support Services Mailing Address 201 Bay Shore Avenue, #307 ZIP Code City State CA 90803-0000 Long Beach Outstanding Balance Beginning This Period Transaction ID: LS60104.E3535 33890.08 Payment This Period Outstanding Balance at Close of This Period Amount Incurred This Period 0.00 0.00 33890.08 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Ms. Sara Myers Fundraising Service Fee Mailing Address 201 Bay Shore Avenue, #307 ZIP Code City State Long Beach CA 90803-0000 Outstanding Balance Beginning This Period Transaction ID: LS60412.E3770 27559.19 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 0.00 0.00 27559.19 61449.27 1) SUBTOTALS This Period This Page (optional).....

2) TOTALS This Period (last page this line number only).....

3) TOTALS OUTSTANDING LOANS from Schedule C (last page only).....

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3) Ε

(Use separate

PAGE 26 / 28

		for each	(check only one) 9
xcluding Loans		numbered line)	X 10
NAME OF COMMITTEE (In Full)			
Campbell for Congress			
A. Full Name (Last, First, Middle Initial) of Debto Ms. Sara Myers	r or Creditor		ebt (Purpose): n Support Services
Mailing Address 201 Bay Shore Avenue, #3	307		
City State Long Beach CA	ZIP Code 90803-0000		
Outstanding Balance Beginning This Period		Tra	nsaction ID: LS60525.E3793
0.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
4000.00	0.00		4000.00
B. Full Name (Last, First, Middle Initial) of Debto Ms. Sara Myers	r or Creditor		ebt (Purpose): n Support Services
Mailing Address 201 Bay Shore Avenue, #3	307		
City State Long Beach CA	ZIP Code 90803-0000		
Outstanding Balance Beginning This Period		Tra	nsaction ID: LS60525.E3794
0.00			
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
4000.00	0.00		4000.00
C. Full Name (Last, First, Middle Initial) of Debto The KAL Group	r or Creditor	Nature of D Bookkeep	ebt (Purpose): ing
Mailing Address 976 Pacific Avenue			
City State Willows CA	ZIP Code 95988-0000		
Outstanding Balance Beginning This Period	33300 0000	Trai	nsaction ID: LS60525.E3797
0.00			100001011121 2000020.20707
Amount Incurred This Period	Payment This Period	Outstandir	ng Balance at Close of This Period
689.01	0.00		689.01
SUBTOTALS This Period This Page (optional).		•	8689.01
2) TOTALS This Period (last page this line number		>	
3) TOTALS OUTSTANDING LOANS from Sched	ule C (last page only)	>	
4) ADD 2) and 3) and carry forward to appropriate	line of Summary Page (last page only)	-	

PAGE 27 / 28 SCHEDULE D (FEC Form 3) (Use separate schedule(s) FOR LINE NUMBER: **DEBTS AND OBLIGATIONS** for each (check only one) 9 numbered line) **Excluding Loans** X 10 NAME OF COMMITTEE (In Full) Campbell for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Credit Card Expenses: See Below Wells Fargo Card Services Mailing Address P.O. Box 30086 City State ZIP Code 90030-0086 Los Angeles CA Outstanding Balance Beginning This Period Transaction ID: LS60523.E3787 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 736.58 0.00 736.58 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Jaylene Farry, TIE Productions Campaign Support Services Mailing Address 11442 Ann Arbor Lane 7IP Code City State San Diego CA 92131-0000 Outstanding Balance Beginning This Period Transaction ID: LS60525.E3795 0.00 Amount Incurred This Period Outstanding Balance at Close of This Period Payment This Period 4000.00 0.00 4000.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Jaylene Farry, TIE Productions Campaign for Support Serv-Mailing Address 11442 Ann Arbor Lane ZIP Code City State San Diego CA 92131-0000 Outstanding Balance Beginning This Period Transaction ID: LS60525.E3796 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 4000.00 0.00 4000.00 8736.58 1) SUBTOTALS This Period This Page (optional)..... 2) TOTALS This Period (last page this line number only)..... 3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)..... 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

City

Alexandria

Mailing Address P.O. Box 1605

VA

Outstanding Balance Beginning This Period

Amount Incurred This Period

0.00

3429.60

State

SCHEDULE D (FEC Form 3) (Use separate schedule(s) **DEBTS AND OBLIGATIONS** for each numbered line) **Excluding Loans** NAME OF COMMITTEE (In Full) Campbell for Congress A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Increase Strategies, Inc. **Fundraising Commission**

ZIP Code

22313-0000

Payment This Period

0.00

PAGE 28 / 28 FOR LINE NUMBER: (check only one) 9 X 10

Transaction ID: LS60525.E3798

3429.60

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).	3429.60
2) TOTALS This Period (last page this line number only)	153595.76
3) TOTALS OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	
FEC Schedule D (Form 3) Rev. 02/2003	